



REQUEST FOR FUNDING (RFF)

EARLY EDUCATION MATCHING GRANT (EEMG)

COMPETITIVE GRANT PROGRAM
GRANT APPLICATIONS DUE: JANUARY 15, 2016
RFF DATE ISSUED: OCTOBER 28, 2015

MAIL APPLICATIONS TO:
ATTENTION: BETH BARRETT
FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF EARLY CHILDHOOD AND OUT SCHOOL LEARNING
402 W WASHINGTON ST
Rm W361 MS-02
INDIANAPOLIS, IN 46204

EARLY EDUCATION MATCHING GRANT

Table of Contents

TABLE OF CONTENTS

Letter to the Applicant	3
Intent to Apply Form.....	4
REQUEST FOR FUNDING ANNOUNCEMENT	5
TERMS	5
TOTAL FUNDING AMOUNT	5
SUBMISSION INSTRUCTIONS.....	6
TECHNICAL ASSISTANCE WORKSHOPS FOR GRANT APPLICATION.....	6
AVAILABLE RESOURCES	7
GRANT APPLICATION TIME FRAME	7
PLAGIARISM.....	7
GRANT MONITORING.....	7
SELECTION OF GRANT AWARDS.....	8
MANDATORY REQUIREMENTS	9
ELIGIBLE APPLICANTS	9
ELIGIBLE CHILDREN.....	9
PROGRAM DESIGN	9
PROGRAM NARRATIVE.....	10
I.NEED FOR THE PROGRAM (20 POINTS)	10
II.PROGRAM DESIGN (40 POINTS)	11
III.ORGANIZATIONAL CAPACITY (30 POINTS)	12
IV. BUDGET AND BUDGET NARRATIVE (10 POINTS)	13
V. Competitive Preference Priorities (UP TO 12 POINTS).....	16
SUMMARY OF APPLICATION POINTS	18
APPLICATION CHECKLIST	18
FORM 1: COVER PAGE	20
FORM 2: JOINT APPLICANT AND PARTNER COMMITMENT FORM.....	21
FORM 3: LIST OF EEMG PROGRAM SITES.....	22
FORM 4: PARTICIPATING PROGRAM SITE INFORMATION	23
FORM 5: PARTICIPATING CLASSROOM TEACHER INFORMATION	24
FORM 6: TIMELINE OF ACTIVITIES FOR YEAR 1 OF THE GRANT	25
FORM 6: BUDGET SUMMARY	26
Attachment A: INDIANA’S PATHS TO QUALITY™ RATING SYSTEM.....	27
Attachment B: NIEER Standards	29

LETTER TO THE APPLICANT

Applicant:

Thank you for your interest in the Early Education Matching Grant (EEMG) program. In the 2015 legislative session, additional funding for two years was set aside to enroll low-income children in a pre-kindergarten program who would normally not have the resources to attend a high quality early learning program.

This grant opportunity is open to Paths to QUALITY (PTQ) providers rated at Level 3 and Level 4 that are located in any county that is **not** part of the On My Way Pre-K Pilot (Allen, Jackson, Lake, Marion, Vanderburgh). Community-based, including Head Starts and school-based programs, both public and non-public, are encouraged to apply. Additionally, joint applications among eligible programs will be considered this year.

This request is for programming in 2016 and 2017 state fiscal years. The funds must be used only to supplement, not supplant, any Federal, state, or local dollars available to support activities allowable under the EEMG program. A competitive grant process is being used to award the allocations.

This application package contains all of the information, forms and instructions necessary to apply for a grant under the EEMG program. The voluntary Intent to Apply form can be found on page 4. We encourage applicants to indicate their plan to apply for this grant award by submitting a letter of intent to apply **no later than November 20, 2015**.

The closing date of the grant competition is **Friday, January 15, 2016**. Applications must be received by that date to be eligible for review. An expert panel will review applications based on the selection criteria contained in this package. We anticipate that awards will be announced on or around April 1, 2016.

FSSA will provide technical assistance webinars and encourage applicants to participate in the technical assistance offered. If you need additional information concerning the program or the application process, contact Beth Barrett (email: beth.barrett@fssa.in.gov).

FSSA strongly encourages applicants to consult extensively within their communities to ensure that parents, community organizations (public or private), businesses, local community foundations, schools and other partners are included in the development of the application. Additional information regarding the application and technical assistance webinars can be found at: <http://www.in.gov/fssa/carefinder/4980.htm>.

INTENT TO APPLY FORM

If you plan to apply for a grant in this competition please mail or email this form to the following address **no later than November 20, 2015:**

Beth Barrett, Pre-K Program Manager
FSSA Office of Early Childhood and Out of School Learning
402 W Washington St., Rm. W361, MS-02
Indianapolis, IN 46204
Email: beth.barrett@fssa.in.gov
Phone: (317) 234-8882
Fax: (317) 233-6905

Submitting this form is voluntary and *is not* required to apply for a grant, but does help FSSA prepare for the grant review process. **Grant Application Due: January 15, 2016.**

1. The organization I represent will be submitting an application (check one):

Yes ☐ No ☐ Maybe ☐

2. Are you submitting a joint application?

Yes ☐ No ☐ Have not decided yet ☐

2. Our organization type is the following (check all that apply):

Licensed Center ☐ Registered Ministry ☐ Public School ☐ Licensed Home (LLC) ☐

3. The program option that we plan to apply for is (check one):

Part-Time Program ☐ Full-Time Program ☐ Both ☐

4. Do you have matching funds in place? (check one)

Yes ☐ Identified and in Process ☐ Not yet ☐

Organization Name:

Contact Name:

Address:

City:

County:

Phone:

Email:

Printed Name:

Signature: _____ Date: _____

REQUEST FOR FUNDING ANNOUNCEMENT

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration/Office of Early Childhood and Out of School Learning for the Early Education Matching Grant (EEMG) program.

This RFF is intended to publicize the availability of grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response ("proposal") submitted hereto are to be construed as a legal offer.

TERMS

This agreement shall be for a two-year period commencing on approximately **July 1, 2016** (or from date of final State approval of grant), and terminating on **June 30, 2018**. Year one is July 1, 2016 to June 30, 2017. Year two is July 1, 2017 to June 30, 2018.

Selected applicants may be asked to submit updated information for year two of the program, such as enrollment and matching funds information.

TOTAL FUNDING AMOUNT

Approximately \$2.5 million (net of administrative and other operating expenses) will be available for grant awards. Awards are contingent upon the number of eligible children that are proposed to be served by the eligible provider. The EEMG grant can support two program options: full-time and/or part-time.

1. The grant amount per eligible child attending a **full-time preschool** program has been determined as up to \$3,400. Applicants are required to provide at least a **100% cash match** of the requested grant award.
2. The grant amount per eligible child attending a **part-time preschool** program has been determined as up to \$2,400. Applicants are required to provide at least a **100% cash match** of the requested grant award.

Applicants must provide the entire required program services listed in the RFF within the funding amount listed. Funded programs will not be permitted to reduce the quantity or quality of services, the number of children served or the length of operation to account for the grant award.

There are no maximum or minimum limits for children served. The funding request should support the applicant's plan to increase the number of eligible low-income children enrolled in high quality early childhood education in your local community. **FSSA may award a grant less than the amount requested.**

SUBMISSION INSTRUCTIONS

Required Application Format:

- 1-inch margins
- Double-spaced
- 12-point font
- Pages must be numbered and contain headers per page identifying applicant
- Typed
- Electronic copy on flash drive, original and four copies of application must be signed
- Application should contain all sections and follow the sequence listed in APPLICATION CHECKLIST AND GRANT REQUIREMENTS (Page 20).
- Do not attach any additional supplementary materials such as videotapes,, publications, press clippings, testimonial letters, etc.
- Do not use spiral binding or binders.
- Do not staple.
- Late or incomplete applications will be neither accepted nor reviewed

Applicants interested in applying, must submit **one electronic copy on flash drive, one original and four hard copies** of the full application. The print copies must be assembled in the following manner:

1. Cover letter signed by the Director or agency board president identifying the amount of funds requested. If applying under a joint application, be sure to include all applicants/signatures.
2. Completed Forms
3. Program Narrative (25-page limit)
4. Appendix with required attachments including the signed cover letter, program narrative and appendix.

Proposals must be received no later than 4:30 p.m. Eastern Time on January 15, 2016. Proposals received after 4:30 p.m. will not be considered. (Absolutely NO EXCEPTIONS will be made.) Hand delivered and mailed applications will be accepted.

Application packets must be sent to:

Beth Barrett

Family and Social Services Administration

Office of Early Childhood and Out of School Learning

402 W. Washington St.

RM W361 Room MS-02

Indianapolis, IN 46204

Email: beth.barrett@fssa.in.gov

TECHNICAL ASSISTANCE WORKSHOPS FOR GRANT APPLICATION

FSSA will provide a technical assistance webinar on November 6, 2015 from 2-3pm EST, prior to the deadline submission date of January 15, 2016. Access to the webinar will be available on the following link: <http://webinar.isl.in.gov/ecosl/> (please be sure your computer speakers are turned on). There will be a chat box option for questions and

2016 Early Education Matching Grant Program

Application for Grant

Due January 15, 2016

answers during the live webinar. The webinar will also be recorded and available on the FSSA website after November 6, 2015.

<http://www.in.gov/fssa/carefinder/4980.htm>

AVAILABLE RESOURCES

Applicants are encouraged to seek out resources and support in the development of their application proposal. Some possible resources for providers to consider for assistance include:

- Indiana Youth Institute offers free grant review assistance and help with collecting data for the proposal, but it must be submitted within a reasonable time. Information is available here <http://www.iyi.org/fundraising-grants/other-fundraising-resources.aspx>.
- Your local Community Foundation <http://www.incommunityfoundations.org/>
- Your local United Way / United Fund Agency <http://apps.unitedway.org/myUW/luindex.cfm?id=browsecities&zip=00000&abbr=IN&app=>
- Your Child Care Resource and Referral Agency (CCR&R) <http://www.iaccrr.org/default.cfm?page=find-my-local-agency>
- Indiana AEYC <http://www.iaeyc.org/>
- Your Paths to QUALITY Coach

GRANT APPLICATION TIME FRAME

October 28, 2015	RFF sent to potential applicants and posted online
November 20, 2015	Letter of Intent due
November 6, 2015	Technical Assistance Webinar
January 15, 2016	RFF proposals due back
April 1, 2016	Approximate date of award decisions
August 1, 2016	Approximate grant effective date

The timeline is subject to change. To remain current with any updates to this timeline please check this website: <http://www.in.gov/fssa/carefinder/4980.htm>.

PLAGIARISM

If you plan to utilize a professional grant writer, it is not appropriate to use boiler plate language that does not pertain specifically to this grant and to your program. Each grant submission should be tailored to the needs of the children, community and the program that will provide services. If applying for multiple sites, the grant application should also be site specific and unique to that program and local community.

GRANT MONITORING

The FSSA will monitor grants by reviewing and approving cost reimbursements, attendance sheets and other reporting as necessary. The FSSA & State Evaluator will also conduct site visits to grantees during the grant project period. Prior to these monitoring visits, the grantee may be required to submit additional relevant information that will allow FSSA to conduct a useful, efficient, and effective visit.

2016 Early Education Matching Grant Program

Application for Grant

Due January 15, 2016

SELECTION OF GRANT AWARDS

The EEMG is a competitive grant. FSSA will review applications with teams of three reviewers with knowledge and experience with early childhood education programs. FSSA will make every effort to select reviewers from a wide variety of professions, work settings, and cultural backgrounds. Readers will be required to remove themselves from the evaluation of any application for which they have a perceived or real conflict of interest.

Once the readers have completed their grant review, the information will be collected and shared with FSSA, Office of Early Childhood and Out of School Learning and the Early Learning Advisory Council (ELAC) to make the final award decisions.

To the extent possible, FSSA intends to distribute funds equitably among geographic regions and between the two program options (full-time and part-time) within Indiana.

MANDATORY REQUIREMENTS

Applicants must meet these requirements to be eligible for this competitive grant. The letter signed by the Director is an assurance that the applicant meets and agrees to these requirements.

ELIGIBLE APPLICANTS

- ☐ Must be Level 3 or Level 4 on Paths to QUALITY by July 2016. *If submitting a joint application, all applicants must be Level 3 or 4 on Paths to QUALITY.*
- ☐ Must be a non-profit organization, public or private school or for-profit corporation. May not be an individual.
- ☐ Must be in good standing with the Secretary of State.
- ☐ Must be in good standing with the Office of Early Childhood and Out of School Learning licensing/registration.
- ☐ Must meet the financial match requirements.
- ☐ Cannot be located in one of the five On My Way Pre-K pilot counties: Allen, Jackson, Lake, Marion or Vanderburgh.

ELIGIBLE CHILDREN

- ☐ Must be four and not five years old by August 1, 2016.
- ☐ Must be a resident of Indiana.
- ☐ Must reside in a household that meets 100% of the Federal Poverty Level.
(Poverty guidelines can be found here <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/eligibility/downloads/2015-federal-poverty-level-charts.pdf>)

PROGRAM DESIGN

- ☐ Full-Time: Provide services for a minimum of 5 hours per day; 5 days per week; a minimum of 180 days per year (can go through summer).
- ☐ Part-Time: Provide services for at a minimum of 2.5 - 4.5 hours per day; 5 days per week; a minimum of 180 days per year (can go through summer).
- ☐ By the start of the EEMG grant program, lead teacher must have a minimum of a Bachelor's degree in early childhood education or equivalent as defined by NAEYC¹.
- ☐ Administer the ISTAR-KR assessment and/or other assessments recommended by the evaluator.

¹ A baccalaureate degree in any discipline, with a minimum of 36 college credits (semester hours) in early childhood education, child development, elementary education, or early childhood special education that encompass the following: child development and learning of children birth through kindergarten; family and community relationships; observing, documenting, and assessing young children; teaching and learning; and professional practices and development, including relevant field based experience
(<http://www.naeyc.org/academy/degreeequivalents>)

PROGRAM NARRATIVE

The following program narrative requirements were developed by a team of early childhood experts and approved by the ELAC. The applicant's proposal must respond in sequence and follow the same numbering system in the Program Requirements section of the application. **If you are submitting a joint application, all agencies and program sites need to be referred to in response to the questions in the Program Narrative.**

The Program Narrative section is limited to 25 pages. All sections outlined below need to be addressed. The required attachments for the Appendix are in addition to the 25-page limit.

I.NEED FOR THE PROGRAM (20 POINTS)

A. County Level Need: Complete the table below for *each* County that you propose to serve. (5 points)

To complete the chart below, please refer to the June 2015 ELAC Annual Report Appendix: [http://www.in.gov/fssa/files/ELAC Annual Report 2015 Final.pdf](http://www.in.gov/fssa/files/ELAC%20Annual%20Report%202015%20Final.pdf)

- A) Table 1: Children Ages 0-5 by County (page 12)
- B) Table 2: Number of Children Ages 0-5 and Ratio to Federal Poverty Level by County (page 16)
- C) Table 3: Number of Children Enrolled in Known Care by Age Group and County (page 19)
- D) Table 6: Programs and Total Capacity by PTQ Level (page 27)
- E) Table 6: Programs and Total Capacity by PTQ Level (page 27)

County Name	A	B	C	D	E
	# of 4-year olds	# of Children (0-5) at 100% FPL	# of Preschoolers Enrolled in Known Care	# of PTQ Level 3 & 4 Programs	# of PTQ Level 3 & 4 Slots

B. Impact to Local Community: Explain how the additional children served in the community will impact the mixed delivery system of diverse providers. Explain how the EEMG program will meet these needs. Discuss the partners you have communicated with in the development of your application, such as public schools (administrators and special education and Title 1 staff), community-based providers (registered ministries, licensed homes, licensed centers), business community, community foundation, united ways, local early childhood education coalition, Head Start, and home visiting programs (i.e., Healthy Families). Explain how the additional children served in the EEMG program will impact the local early childhood education system (homes, registered ministries, Head Start program, public school preschool, licensed centers, etc.). Based

on the data presented in the table above and your engagement of community partners, describe the capacity needs and demand for pre-k in your community. (15 points)

II. PROGRAM DESIGN (40 POINTS)

This section describes how the proposed program(s) will assist students in meeting the **school readiness outcomes** intended in the legislation. One of the principles of effectiveness is a clear alignment between the intended outcomes and activities provided.

- A. Outcomes:** Describe the school readiness outcomes (i.e., language, early math, social and emotional development). Explain how your program(s) currently demonstrate school readiness for children. What is your past demonstration of school readiness outcomes? Describe how families are involved in contributing to the goals and decision-making of their child's outcomes. How does your parent engagement plan directly link to the child outcomes? What are your organization's anticipated outcomes for participating parents? How does your organization use outcome data to drive instruction? (10 Points)
- B. Comprehensive Screening and Assessment:** Explain how child outcomes are measured. Identify the current assessment(s) and screening tool(s) you use. How do you monitor progress and use the information to inform practice at the program level and for individual children? Explain how progress monitoring and planning tools inform curriculum decisions. How does an individual child assessment drive your curricula? Describe how you engage families to contribute to the assessment. Are you currently trained and using ISTAR-KR? If not, what is your plan for implementation of ISTAR-KR (a requirement of the EEMG program)? (10 Points)
- C. Curriculum:** Explain your curriculum plan and list all of the curriculum that is used. Describe how your curriculum addresses your school readiness outcomes. Explain how the curriculum is connected to the Foundation standards (available here <http://www.doe.in.gov/sites/default/files/earlylearning/foundations-2015-august-12.pdf>). Describe how your curricula facilitates school readiness skills. Explain how you connect the curriculum with family engagement. How do you use parent perspectives to inform program experiences? (10 Points)
- D. Program Schedule and Targeted Population:** Complete the table below for each 4 year old classroom that will participate in EEMG. Identify the **program option** (full-time, part-time or a combination of both); the specific **program hours** (i.e., 8:00am – 4:00pm and if additional hours will be provided); the **program schedule** (calendar year v. academic year); and the **planned enrollment** of 4 year olds. When possible, it is encouraged that EEMG children are enrolled across multiple classrooms. *Please note that selected applicants will later be asked to update their schedule for Year 2.*

Explain how the proposed program schedule is based on the local need(s) in your community. Discuss the potential impact the addition of *new* children will have on your program, including opening a new classroom for the students; expanding your space for this program; implications for licensing/VCP and other factors. (5 Points)

Table 2: EEMG Program Schedule for Participating 4-Year Old Classrooms						
EEMG 4 Year Old Classroom	Program Option	EEMG Program Hours	Additional Hours Offered, if applicable	Program Schedule	Current Enrollment of 4's	Proposed Enrollment with EEMG
"Classroom A" – Year 1						
"Classroom B" – Year 1						
"Classroom C" – Year 1						
Total Proposed Enrollment of EEMG Children for Year 1						

- E. Recruitment and Attendance:** Describe your plans for recruiting and enrolling families. Explain new outreach efforts that you plan to employ. Describe your plans for filling the slot if the child leaves. Explain prior program expansion efforts, if any that demonstrate your experience for recruitment. If providing transportation, explain your transportation plan. (5 Points)

III. ORGANIZATIONAL CAPACITY (30 POINTS)

This section explains the organization's history and capacity to implement and manage the program.

- A. Organizational History:** Provide background information about your organization, including the year the business or organization was started and the organizational structure – non-profit, for-profit, faith-based, school; Explain the organization's current Paths to QUALITY level; time at that level; time at moving up levels and plans for achieving or maintaining accreditation (level 4). Describe the population that you have served (past and current). Explain your experience working with low-income children and families. Has your organization had a negative action (i.e., denial, decertification, or termination) in the past year? If so, how have you addressed it?

If you are submitting a joint application, explain the organizational history of all co-respondents. (5 Points)

- B. Staff Structure, Wages and Preparation:** Complete Form 5 (page 24). Explain the staff that will be involved in the participating 4-year-old classrooms. Discuss any changes that you will make to your staff structure in providing the EEMG program. Explain your organization's turnover rate, specifically in the 4-year-old classrooms.

Include a copy of your wage scale in the Appendix. Describe your organization's compensation structure, including benefits for staff. Explain the relationship, if any, to staff compensation and education / experience. What changes, if any, have you made to your wage scale?

Lastly, explain how you will ensure that your staff are equipped to meet the school readiness outcomes of the EEMG program? Discuss your professional development plans for the program year. Are you a current or former TEACH sponsor? If yes, how has this helped your program? (10 Points)

- C. Project Plan:** Complete Form 6 (page 25) to explain your plan for implementing this grant program in year one. Key activities may include recruitment of families, recruitment of staff, hiring a lead teacher that meets the mandatory requirement, staff training, licensing of the program, registering with ISTAR-KR, getting trained on ISTAR-KR, etc. In addition to completing the chart, include a narrative to describe any factors that could accelerate or decelerate your project plan and timeline. Explain your plan for mitigating any potential barriers to accomplishing your project plan. (10 Points)
- E. Financial Stability:** Explain your organization's annual budget. Describe the different funding sources and percentages that those represent (i.e., fees, grants, donations, etc.). Explain your organization's internal controls and procedures that are in place to monitor accountability. In the Appendix include a copy of your organization's recent audit. If your organization does not have an audit, then other examples might include a Profit and Loss Statement for the most recent fiscal year or the organization's budget. (5 Points)

IV. BUDGET AND BUDGET NARRATIVE (10 POINTS)

This section includes the completion of the program budget (Form 7 on page 26) and a narrative explaining the request for funds. The EEMG grant can support the following program options: full-time, part-time and/or both.

The grant amount per eligible child attending a **full-time preschool** program has been determined as up to \$3,400. Applicants are required to provide at least a **100% cash match** of \$3,400.

The grant amount per eligible child attending a **part-time preschool** program has been determined as up to \$2,400. Applicants are required to provide at least a **100% cash match** of \$2,400.

Allowable Expenses: Project funds must be used for activities that directly support the accomplishment of the project purpose, priorities, and expected outcomes. All expenditures must be consistent with applicable state and federal laws, regulations, and guidance.

- A. Budget Summary:** Complete a budget for each program option you are requesting grant funds. For example, if you are proposing a full and part-time program, then you should **include a budget for each program option**. Complete the Budget Summary chart (Form 7 on page 26. Applicants must include the Budget Summary in their application submission, and it will not count toward the 25-page limit. (3 Points)

B. Budget Narrative: Provide a narrative for each program budget and year of the program. For example, if you are proposing a full and part-time program, then you should include a narrative for each program's budget. Explain any changes in the budget, if applicable, between years 1 and 2 and why. Explain the costs per child for each year and how they meet the Mandatory Requirements for grant amount available (by program option).

The expenditures must clearly reflect activities that will be provided. Describe how the costs are reasonable in relation to the number of children to be served and to the anticipated results. Describe the projected expenditure of funds for **each category in the budget:** (3 Points)

Personnel

- The title and role of each position to be compensated under this grant.
- The salary for each position.
- The amount of time, such as hours or percentage of time, to be expended by each position.
- Any additional basis for cost estimates or computations.

Fringe Benefits

- The fringe benefit percentages for all personnel.
- The basis for cost estimates or computations.

Transportation Costs for Students

- If transportation will be provided for students, the costs associated with transporting students to and from the program.

Supplies

- An estimate of materials and supplies needed, by nature of expense or general category (e.g., instructional materials, office supplies).
- The basis for cost estimates or computations.

Equipment

- The type of equipment to be purchased.
- The estimated unit cost for each item to be purchased.
- Any additional basis for cost estimates or computations.

Contractual

- The products to be acquired and/or the professional services to be provided.
- The estimated cost per expected procurement.
- For professional services contracts, the amounts of time to be devoted to the project, including the costs to be charged to this proposed grant award.
- Any additional basis for cost estimates or computations.

Professional Development

2016 Early Education Matching Grant Program

Application for Grant

Due January 15, 2016

- The services that will be provided in support of the narrative described on page 12.
- Conferences or trainings that will be provided.

Other

- Other items by major type or category.
- The cost per item.
- Any additional basis for cost estimates or computations.

Total Direct Costs

- The sum of expenditures, across all budget categories.

Indirect Costs

- The indirect cost percentage.
- The basis for cost estimates or computations.

Total Program Costs

- The sum of expenditures in Total Direct Costs and Indirect Costs.

- C. Match Narrative:** An applicant must have a commitment for a matching gift from any combination of foundations, other nonprofit entities, individuals, or for-profit entities. The match must be a *cash* match only and have at least a 1:1 ratio (or 100%) of the award requested. Explain the match that is being provided for both years of the program, including each entity that is providing the match and the amount being provided.

In the Appendix, include a Match Commitment letter from each contributor for year 1 that identifies the funder, the match amount and timeline for match funding that will be provided. Selected applicants will be asked to provide match commitment letters for year 2 at a later date. (4 Points)

V. Competitive Preference Priorities (Up to 12 Points)

Competitive preference priorities can earn the applicant extra or “competitive preference” points. An applicant may choose to respond to all, some or none of the competitive preference priorities listed below. Individual instructions for each priority are outlined below.

For the Competitive Preference Priorities, an applicant will earn all three (3) competitive preference priority points for each priority area that an applicant responds to if a majority of reviewers determines that the applicant has met the competitive preference priority. An applicant earns zero points if a majority of reviewers determines that the applicant has not met the competitive preference priority.

I. Joint Application

To meet this Competitive Preference Priority, applicants must submit a joint application. For example, a public school and Head Start program could jointly apply or a licensed center and a charter school. Applicants must write a separate response explaining how the partners will work together to serve children and the benefits of the partnership for children, families and the community. Discuss the benefits of the joint application instead of an individual application.

The applicant may also include any additional information it believes will be helpful to peer reviewers. If the applicant has included relevant attachments in the Appendix, these should be described in the narrative and clearly cross-referenced to allow the reviewers to locate them easily. (3 Points)

II. Using ISTAR-KR

To meet this Competitive Preference Priority, applicants must write a separate response explaining their organization’s history and experience using ISTAR-KR. Identify when your organization began using ISTAR-KR; what classrooms (age groups) are assessed using ISTAR-KR; how your organization has equipped teachers to use ISTAR-KR; how information from ISTAR-KR is shared with families.

The applicant may also include any additional information it believes will be helpful to peer reviewers. If the applicant has included relevant attachments in the Appendix, these should be described in the narrative and clearly cross-referenced to allow the reviewers to locate them easily. (3 Points)

III. Transition Plan and Relationship with the Local School(s)

To meet this Competitive Preference Priority, applicants must write a separate response describing the applicant’s relationship with the local school(s) in the school community. Identify any kindergarten transition plans or other intentional efforts that the applicant has in place to help four-year olds prepare for kindergarten. Explain how information is shared between your program’s teachers and the kindergarten teachers and/or other applicable school staff.

2016 Early Education Matching Grant Program

Application for Grant

Due January 15, 2016

The applicant may also include any additional information it believes will be helpful to peer reviewers. If the applicant has included relevant attachments in the Appendix, these should be described in the narrative and clearly cross-referenced to allow the reviewers to locate them easily. (3 Points)

IV. Additional Match

To meet this Competitive Preference Priority, an applicant must demonstrate that they 1) have exceeded the match requirement (1:1 ratio) or 2) have a match from more than one funding source. For this Competitive Preference Priority, applicants do *not* need to write a separate response to this priority. Rather, applicants address this Competitive Preference Priority in the Program Requirements Section IV.C. Match Narrative. (3 Points)

SUMMARY OF APPLICATION POINTS

I.	Need for the Program	20 Points
II.	Program Design	40 Points
III.	Organizational Capacity	30 Points
IV.	Budget and Budget Narrative	10 Points
V.	Competitive Preference Priorities	Up to 12 Points
Total Points:		Up to 112 Points

APPLICATION CHECKLIST

A completed application must contain the following sections, in the order provided below.

Number	Item
1	Cover Letter (Signed by an authorized representative - <i>Executive Director/CEO or President of the Board of Directors</i>)
2	Forms <ol style="list-style-type: none"> 1. Cover Letter 2. Joint Applicant and Partner Commitment Form 3. List of EEMG Program Sites 4. Participating Program Site Information 5. List of Staff 6. Timeline 7. Budget Summary
3	Program Narrative (Five sections and 25-page limit) <ol style="list-style-type: none"> A. Need for the Program B. Program Design C. Organizational Capacity D. Budget and Budget Narrative E. Competitive Preference Priorities (optional)

2016 Early Education Matching Grant Program

Application for Grant

Due January 15, 2016

4	<p>Appendix: (Does not count against the 25-page limit.)</p> <ul style="list-style-type: none"><input type="checkbox"/> Wage Chart<input type="checkbox"/> Lead Applicant's Audit, Profit & Loss Statement or Budget<input type="checkbox"/> Secretary of State<input type="checkbox"/> IRS tax letter for non-profit organization<input type="checkbox"/> Program Budget Summary (for each program option requesting grant funds)<input type="checkbox"/> Financial Match Commitment Letter(s)<input type="checkbox"/> Letters of Support (optional – no more than 7 to demonstrate relationships with local community partners around early childhood education).
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FORM 1: COVER PAGE

EARLY EDUCATION MATCHING GRANT PROGRAM

Instructions: Applicants must complete this cover page with the application. The cover page will be the first page in the applicant's application. A designated representative (Executive Director, CEO or President of the Board of Directors) must sign this cover page.

LEAD APPLICANT INFORMATION	
Name of Lead Applicant (<i>fiscal agent</i>):	Lead Applicant's Mailing Address (street, city, zip and county):
Contact Name:	Contact Phone:
Contact Title: (<i>Single point of contact for communication</i>)	Contact Email Address:
Co-Respondents (for joint application):	Funder Name (list all match funders):

FUNDING INFORMATION					
Program Year	Program Option (<i>Full-time, Part-time, or Both</i>)	Grant Request	Match Amount	Total Program Cost	# of Children to be Served
Year 1					
Year 2					
Subtotal:					

AUTHORIZED REPRESENTATIVE	
I HEREBY CERTIFY that, to the best of my knowledge, the information contained in this application is correct. I further certify that I have read the application, am fully committed to it, and will support its implementation.	
Authorized Representative (Printed Name):	Title:
Signature of Authorized Representative:	Date:

FORM 2: JOINT APPLICANT AND PARTNER COMMITMENT FORM

For organizations submitting a joint applicant, please complete this form.

Lead Applicant Name:	Lead Applicant's Participating Site(s) Applying for the Grant:
Program Contact Name:	Contact Phone:
Contact Title:	Contact Email Address:
Lead Applicant Signature:	Date:
Co-Respondent Name:	Co-Respondent's Participating Site(s) Applying for the Grant:
Program Contact Name:	Contact Phone:
Contact Title:	Contact Email Address:
Co-Respondent Applicant Name:	Date:
Co-Respondent Name:	Co-Respondent's Participating Site(s) Applying for the Grant:
Program Contact Name:	Contact Phone:
Contact Title:	Contact Email Address:
Co-Respondent Applicant Name:	Date:

Note: If more space is needed, please include this chart on a separate piece of paper.

FORM 3: LIST OF EEMG PROGRAM SITES

List all eligible sites that will participate in the grant program.

Name of ECE Site (e.g. ABC Preschool)	Location (Street Address)	City	County

Note: If more space is needed, please include this chart on a separate piece of paper.

FORM 4: PARTICIPATING PROGRAM SITE INFORMATION

Please complete this form for all participating sites.

Name of Early Childhood Education Site	Program Type: (Center, Home, Registered Ministry, Public or non-public school)	Registration / License #	Current PTQ Level	Program Option(s): (Full-time, Part-time, or Both)	Estimated number of participating 4-year old classrooms	Estimated number of children to be served

Note: If more space is needed, please include this chart on a separate piece of paper.

FORM 5: PARTICIPATING CLASSROOM TEACHER INFORMATION

Program Site	Staff (first initial and last name)	Title	Highest Education Level	# of years with the organization
<i>Example: ABC Preschool</i>	<i>S.Brown</i>	<i>Lead Teacher</i>	<i>BA</i>	<i>2</i>

FORM 6: TIMELINE OF ACTIVITIES FOR YEAR 1 OF THE GRANT

Timeline	Key Activities / Milestones	Responsibility
Summer 2016 (May - August)		
<i>Example: June 2016</i>	<i>Recruit and Hire BA Lead Teacher</i>	<i>Director</i>
<i>Example: August 2016</i>	<i>Receive training on ISTAR-KR</i>	<i>Director</i>
Fall 2016 (September - December)		
Spring 2017 (January - April)		
Summer 2017 (May - August)		

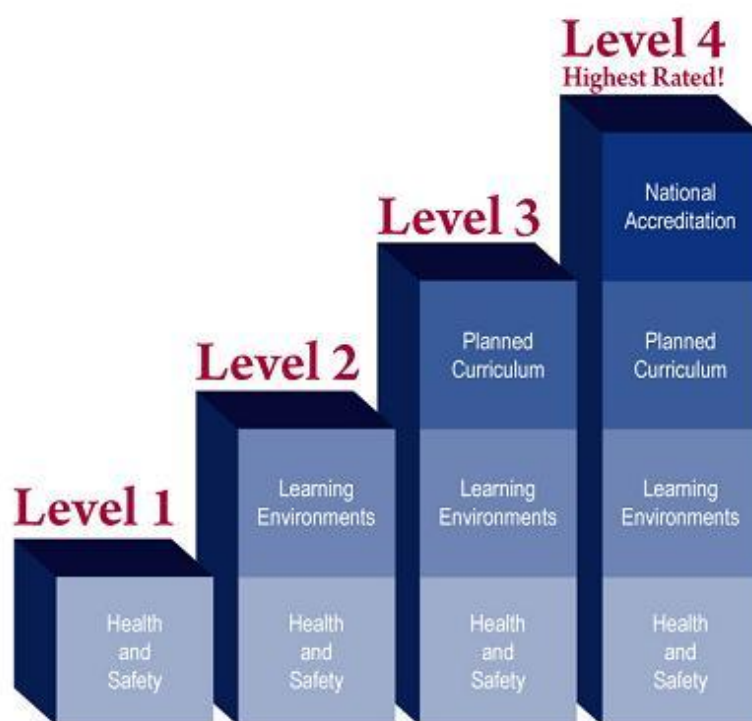
FORM 7: BUDGET SUMMARY

Instructions: Complete a budget for each program option you are requesting in the grant. For example, if you are proposing a full and part-time program, then you should include a budget for each program option. The requested grant amount per child may not exceed \$3,400 for full-time programs and \$2,400 for part-time programs. Applicants must also have at least a 100% cash match of the total requested grant funds.

Early Education Matching Grant Budget			
Program Option:			
Budget Categories	Year 1	Year 2	Total
Personnel			
Fringe Benefits			
Transportation Costs for Students			
Supplies			
Equipment			
Contractual			
Professional Development			
Other			
Total Direct Costs			
Indirect Costs			
Total Program Costs			

ATTACHMENT A: INDIANA'S PATHS TO QUALITY™ RATING SYSTEM

Paths to QUALITY™ is Indiana's framework for systemic, continuous quality improvement of early care and education. Paths to QUALITY™ is dedicated to supporting the well-being and success of all Indiana children through a statewide system that improves child development and age-appropriate learning experiences, promotes high quality child care, and supports and empowers parents as teachers and decision makers.



Level 4 – National Accreditation

Level 4 programs are the highest rated programs and have demonstrated a commitment to the highest level of professionalism in high quality child care—achievement of a nationally recognized accreditation. Level 4 programs are managed by a provider or director who has volunteered to provide mentoring to others in the field.

Level 3 – Planned Curriculum

Level 3 programs have demonstrated the knowledge and skill necessary for planning appropriate activities and opportunities that lead children toward school readiness. Level 3 programs have made a significant investment in the professional development of the staff, and they incorporate family and staff input into the program.

Level 2 – Learning Environments

Level 2 programs have demonstrated a commitment to improve program quality. They offer opportunities for children to advance their growth and development. Level 2 programs will have evidence of a consistent daily schedule, planned activities for children, and will provide relevant program information for families.

Level 1 – Health and Safety

Level 1 programs have demonstrated that they are operating in good standing and have been recognized by the state of Indiana as having met all required health and safety standards.

Paths to QUALITY™ Standards are available here:

- Licensed Homes
<http://www.in.gov/fssa/pathstoquality/files/HomesPTQStandards.pdf>
- Licensed Centers
<http://www.in.gov/fssa/pathstoquality/files/CentersPTQStandards.pdf>
- Unlicensed Registered Ministries
<http://www.in.gov/fssa/pathstoquality/files/MinistriesPTQStandards.pdf>
- Public Schools
<http://www.in.gov/fssa/pathstoquality/4926.htm>

For more information about Paths to QUALITY™ please visit
<http://www.in.gov/fssa/2554.htm> or <http://www.childcareindiana.org>.

ATTACHMENT B: NIEER STANDARDS

The National Institute for Early Education Research (NIEER) conducts and communicates research to support high-quality, effective early childhood education for all young children. Such education enhances their physical, cognitive, and social development, and subsequent success in school and later life.

For more information on the NIEER report on Early Education Research visit
<http://nieer-www1.rutgers.edu/>

NIEER has identified ten national quality standards for early childhood programs:

1. Comprehensive early learning standards
2. Teacher has BA
3. Specialized training in pre-K
4. Assistant teacher has CDA or equivalent
5. At least 15 hrs/yr in-service
6. Class size 20 or lower
7. Staff-child ratio 1:10 or better
8. Vision, hearing, health, and one support service
9. At least one meal
10. Site visits